## SOUTH CAROLINA PUBLIC SERVICE COMMISSION and

## SOUTH CAROLINA OFFICE OF REGULATORY STAFF

## **GROSS RECEIPTS FOR THE YEAR ENDING DECEMBER 31, 2010 TRANSPORTATION REPORT**

(Please correct preprinted information as required)

Company Name (as shown on Certificate)		FEIN		
List d/b/a and/or f/k/a aliases				
Address	City	State	Zip Code	
Regulatory Contact	Area Code & Pho	one Number E-Ma	ail	
Hazardous Waste for Disposal Ca	arriers			
Revenues Derived Via South C	arolina Operations for the	Year Ending 12/31/2010: \$_		
Certificate Number:				
Household Goods Carriers				
Carrier:				
Certificate Number:				
Gross Revenue Derived Via Sc	outh Carolina Operations: \$	<u> </u>		
Preparer's Signature  Affidavit	erminate within the same m	Date		
State of	County o	f	_	
Personally appeared before me		who, being d	who, being duly sworn, says that he/she	
is the	of	(Company)	and that the foregoing	
statement, for the year ending Dec	ember 31, 2010, is correct	tly taken from the books and	d records of said Company	
and is true to the best of his/her kno	owledge and belief.			
Sworn to and subscribed before me	e this	day of	, 20	
Notary Public			Place	
My commission expires			Seal	
			Here	
Return completed form to:				
South Carolina Office of Regulatory	/ Staff	Failure to timely complete and submit this form could result in the loss of your license, authority or certificate to operate in South Carolina		

1401 Main Street, Suite 900 Columbia, SC 29201